

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>157580</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/30/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADVANCED HOME HEALTH CARE INCORPORATED</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2588 PORTAGE MALL PORTAGE, IN 46368</b>			
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G 000	<p>INITIAL COMMENTS</p> <p>This visit was for a home health federal recertification survey. This was a partial extended survey.</p> <p>Facility #: IN 011167.</p> <p>Medicaid Vendor #: 200838680.</p> <p>Dates of Survey: March 27, 28, 29, and 30, 2012.</p> <p>Surveyor: Janet Brandt, RN,PHNS.</p> <p>Unduplicated Census: 183.</p> <p>Number of records reviewed: 10. Number of active records reviewed: 8. Number of closed records reviewed: 2.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 4, 2012</p>			G 000			
G 243	<p>484.52 EVALUATION OF THE AGENCY'S PROGRAM</p> <p>The HHA has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), HHA staff, and consumers, or by professional people outside the agency working in conjunction with consumers.</p> <p>This STANDARD is not met as evidenced by: Based on interview and review of documents, the agency failed to ensure an annual evaluation was completed for 1 of 1 agency reviewed with the</p>			G 243			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 243	Continued From page 1 potential to affect all the patients of the agency .  The findings include:  1. Review of agency documents failed to evidence a performance improvement program. The agency was unable to produce any documentation to evidence implementation, maintenance and assessment of a performance improvement program that evaluated the quality and appropriateness of patient care, identified and resolved identified problems, and improved patient care.  2. Employee A, on 3/30/12 at 1:15 PM, indicated the quality assurance program had been lacking so Employee D was assigned to take over the program as of last week.  2. Employee D, at 1:15 PM on 3/30/12, stated, "We will be including Home Health Aides, therapists, and nursing staff to create an inter-disciplinary process and will be deciding next week what quality measures the agency will use for the program. We will be performing chart audits as well as customer satisfaction surveys." Employee D produced a notebook untitled to be used for the program.			G 243			
G 244	484.52 EVALUATION OF THE AGENCY'S PROGRAM  The evaluation consists of an overall policy and administrative review and a clinical record review.  This STANDARD is not met as evidenced by: Based on interview and review of documents, the agency failed to ensure an annual evaluation was			G 244			

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G 244	<p>Continued From page 2</p> <p>completed that consisted of a policy and administrative review and a clinical record review for 1 of 1 agency reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. Review of agency documents failed to evidence a performance improvement program. The agency was unable to produce any documentation to evidence implementation, maintenance and assessment of a performance improvement program that evaluated the quality and appropriateness of patient care, identified and resolved identified problems, and improved patient care.</p> <p>2. Employee A, on 3/30/12 at 1:15 PM, indicated the quality assurance program had been lacking so Employee D was assigned to take over the program as of last week.</p> <p>2. Employee D, at 1:15 PM on 3/30/12, stated, "We will be including Home Health Aides, therapists, and nursing staff to create an inter-disciplinary process and will be deciding next week what quality measures the agency will use for the program. We will be performing chart audits as well as customer satisfaction surveys." Employee D produced a notebook untitled to be used for the program.</p>			G 244			
G 245	<p>484.52 EVALUATION OF THE AGENCY'S PROGRAM</p> <p>The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient.</p>			G 245			

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G 245	Continued From page 3  This STANDARD is not met as evidenced by: Based on interview and review of documents, the agency failed to ensure an annual evaluation was completed that evaluated the appropriateness, adequacy, effectiveness, and efficiency of the agency's program for 1 of 1 agency reviewed with the potential to affect all the patients of the agency.  The findings include:  1. Review of agency documents failed to evidence a performance improvement program. The agency was unable to produce any documentation to evidence implementation, maintenance and assessment of a performance improvement program that evaluated the quality and appropriateness of patient care, identified and resolved identified problems, and improved patient care.  2. Employee A, on 3/30/12 at 1:15 PM, indicated the quality assurance program had been lacking so Employee D was assigned to take over the program as of last week.  2. Employee D, at 1:15 PM on 3/30/12, stated, "We will be including Home Health Aides, therapists, and nursing staff to create an inter-disciplinary process and will be deciding next week what quality measures the agency will use for the program. We will be performing chart audits as well as customer satisfaction surveys." Employee D produced a notebook untitled to be used for the program.			G 245			
G 246	484.52 EVALUATION OF THE AGENCY'S			G 246			

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G 246	<p>Continued From page 4 PROGRAM</p> <p>Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency.</p> <p>This STANDARD is not met as evidenced by: Based on interview and review of documents, the agency failed to ensure an annual evaluation was completed for 1 of 1 agency reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence a performance improvement program. The agency was unable to produce any documentation to evidence implementation, maintenance and assessment of a performance improvement program that evaluated the quality and appropriateness of patient care, identified and resolved identified problems, and improved patient care.</li> <li>2. Employee A, on 3/30/12 at 1:15 PM, indicated the quality assurance program had been lacking so Employee D was assigned to take over the program as of last week.</li> <li>2. Employee D, at 1:15 PM on 3/30/12, stated, "We will be including Home Health Aides, therapists, and nursing staff to create an inter-disciplinary process and will be deciding next week what quality measures the agency will use for the program. We will be performing chart audits as well as customer satisfaction surveys." Employee D produced a notebook untitled to be</li> </ol>			G 246			

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G 246	Continued From page 5 used for the program.	G 246			